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ABSTRACT

This conference provided a forum for personnel from higher education institutions to discuss key issues concerning human immunodeficiency virus (HIV) infection and the acquired immune deficiency syndrome (AIDS) crisis on college and university campuses. Seven sessions are summarized. Key issues were AIDS policy development on campus, HIV counseling and testing, and teaching about HIV infection and AIDS prevention throughout the college curriculum. This document contains the agenda of the conference. A keynote address by Paul LeClerc is presented, titled "The Challenge of the Four Horsemen on Campus: Alcohol, Drugs, Sex, and AIDS." Appendices contain AIDS course descriptions; a list of organizations that fund AIDS/HIV research, prevention, and/or education; a conference evaluation summary; a summary of a survey of HIV infection and AIDS activities on campus; a copy of the survey form used, a list of conference participants; and lists of internal and external advisory committee members.

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FACING THE AIDS CRISIS

POSTSECONDARY CONCERNS

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Conference Proceedings April 17, 1990

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The State Education Department
Office of Higher Education Services
November 1990

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FOREWORD

Increasingly, institutions of higher education recognize the necessity of addressing the HIV infection and AIDS epidemic on their campuses.' The focus of their efforts is twofold: the dissemination of information about HIV and AIDS prevention and the definition, development, and reinforcement of personal behaviors that will increase safe behavior.

The State Education Department recognizes its role in providing leadership and technical assistance to colleges and universities throughout the state as they provide risk-reduction education to their communities. As part of its efforts, the Office of Higher Education Services in the Department sponsored a conference, *Facing the AIDS Crisis - Postsecondary Concerns*, which was financially supported by the Centers for Disease Control in Atlanta, Georgia. This publication is a summary of the proceedings of that conference.

The production of this document was completed under the direction of Mike Van Ryn, Assistant Commissioner for Higher Education Services. Ann Marie Haase, of the Office of Higher Education Services, coordinated and managed the conference and drafted the document. The editing was performed by Veronica Skinner, also of the Office of Higher Education Services. Collaboration and participation in the design, development, and review of the conference and proceedings was provided by Arlene Sheffield, Director of the Health Education Demonstration Program, as well as by members of the internal and external advisory committees listed in Appendices H and I.

CONTENTS

FOREWORD iii

INTRODUCTION 1

STATEMENT OF THE PROBLEM 2

A RESPONSE TO THE PROBLEM 3

PROCEEDINGS

AGENDA 4

WELCOMING REMARKS 9
Donald J. Nolan, Deputy Commissioner for Higher and Continuing Education, State Education Department

KEYNOTE ADDRESS 10
THE CHALLENGE OF THE FOUR HORSEMEN ON CAMPUS: ALCOHOL, DRUGS, SEX, AND AIDS
Paul LeClerc, President, Hunter College

SUMMARY OF SESSIONS

THE BASICS OF AIDS 15
Robert Bisserup, Medical Director, Whitney M. Young Health Center
Albany, New York

HIV COUNSELING AND TESTING FOR COLLEGE PERSONNEL AND STUDENTS 15
Charles Silberman, Training Specialist II, AIDS Institute, Department of Health
Kyle Restina, Technical Advisor, AIDS Institute, Department of Health

THE FACE OF AIDS 16
Peter, A Member of the Board of Directors of the Wellness Center, Albany, New York

DEVELOPING AN AIDS POLICY ON CAMPUS 17
Phillip Santa Maria, Associate Vice-President for Student Affairs and Dean of Students, SUC at Buffalo
Ira Bloom, Vice Chancellor for Faculty and Staff Relations, The City University of New York Central Administration
Thomas Budd, Associate Professor of Biology, St. Lawrence University
Pamela Miller Williams, Associate Counsel, Office of University Counsel, State University of New York Central Administration

THE STATEWIDE AIDS EDUCATION PROJECT FOR COLLEGE STUDENTS 20
Rose Walton, Department Chair for Allied Health Resources and Associate Professor, SUNY at Stony Brook

TEACHING AIDS THROUGHOUT THE COLLEGE CURRICULUM: TEACHER EDUCATION, THE HUMANITIES, THE SCIENCES, AND THE HEALTH SCIENCES

Presentation A: TEACHER EDUCATION AND THE HUMANITIES 20
Jonathan Silin, AIDS Education and Policy Specialist
Bank Street College
Gerald Pinciss, Professor of English, Hunter College

Presentation B: THE SCIENCES AND THE HEALTH SCIENCES 23
Twitty J. Styles, Professor of Biological Sciences
Union College
Joseph Rukeyser, Associate Director of AIDS Education
and Resource Center, SUNY at Stony Brook

RESOURCE OPPORTUNITIES FOR AIDS EDUCATION 24
Gloria Cuccurullo, Assistant Director for HIV Prevention, AIDS Institute
Department of Health

APPENDICES

APPENDIX A: Biology 260, AIDS — Biomedical and Social Consequence
Thomas Budd, St. Lawrence University 26

APPENDIX B: Teaching AIDS to Science Students
Twitty J. Styles, Department of Biological Sciences, Union College 27

APPENDIX C: Organizations that Fund Major AIDS/HIV Research, Prevention, and/or Education; Foundations that Fund AIDS-related Activities 29,30

APPENDIX D: Conference Evaluation Sheet 31

APPENDIX E: Conference Evaluation Summary 33

APPENDIX F: Survey of HIV Infection and AIDS Activities on Campus 39

APPENDIX G: Summary of the Survey of HIV Infection and AIDS Activities on Campus 43

APPENDIX H: Members of the Internal Advisory Committee 49

APPENDIX I: Members of the External Advisory Committee 50

APPENDIX J: List of Conference Registrants 51

APPENDIX K: List of State Education Department Conference Registrants 61

Introduction

On April 17, 1990, the Office of Higher Education Services in the New York State Education Department, with assistance from the Centers for Disease Control in Atlanta, Georgia, provided a forum for personnel from higher educational institutions to discuss key issues concerning the HIV infection and AIDS crisis on college and university campuses. For this conference, the key issues were AIDS policy development on campus, HIV counseling and testing, and teaching HIV infection and AIDS prevention throughout the college curriculum. Representatives from the State University of New York, The City University of New York, and independent colleges developed the agenda for the conference. Vice-presidents for academic affairs, vice-presidents for student affairs, deans of the faculties of humanities and education and continuing education, student health personnel, campus clergy, and students in two-year and four-year institutions were invited to attend the one-day conference. Over 200 persons attended, representing 110 colleges and universities, various units in the Education Department, and the AIDS Institute in the Department of Health. Participants at the conference welcomed it as the Department's initial effort in addressing the needs of higher educational institutions that are responding to the HIV infection and AIDS problem on their campuses. This document contains the agenda of the conference, a summary of the presentations made, a list of conference participants, and lists of internal and external advisory committee members.

Statement of the Problem

Of the more than 30,000 New Yorkers who have been diagnosed with AIDS since before 1980, over 17 percent are between the ages of 13 and 29, and almost 48 percent are between the ages of 30 and 39. Currently, homosexual men and IV drug users make up the majority of AIDS cases. However, diagnosed AIDS cases among heterosexual men and women are increasing, and recent statistics reveal AIDS is rapidly becoming a leading cause of death among young minority women in New York City.

Although there have been few diagnosed cases among college and university students of all ages and fewer still among the traditional college-age population, the college community, especially its students, is considered vulnerable. A major reason is that experts presume (since the incubation period of HIV is lengthy) that many of those aged 30-39 were infected during their teens or early 20s.

Another reason college students are considered vulnerable is that at their stage of development they test concepts and ideas and try on a variety of roles and images. In their desire to separate themselves from family traditions and establish themselves as individuals, they explore aspects of their sexuality, many times without care in selecting their partners, and they frequently experiment with alcohol and other drugs. Also, many college students feel intense peer pressure to engage in activities that are not in their best interests. Unfortunately, these students often do not possess enough of a sense of self to protect themselves by remaining celibate or, at least, by engaging in safer sex; by refraining from intravenous drug use or, at least, by using clean needles.

A third reason the college community is considered at risk is that it is a microcosm of the American culture, which at present might be considered a "death-defying society." Disease and death, although part of the human condition, are, in America, life events to be isolated and contained — almost denied. This denial allows society to sustain its image of youthful strength and vigor. The college community lives the ideal, especially in perpetuating the vigor of the intellectual life. Things pertaining to disease and death may be studied abstractly or in preparation for the helping professions; they are rarely addressed as relevant issues which thwart dreams of immortality and invincibility.

Therefore, education of the campus community has become extremely important in slowing the advance of

the HIV infection and AIDS epidemic. The emphasis is on risk-reduction. A first step is the dissemination of information about HIV infection and AIDS to bring the issues and concerns surrounding the disease into the consciousness of the college and university community. The next, more difficult step is to help the higher education community, especially its students, to define, develop, and reinforce behaviors that decrease their risk of becoming infected with HIV.

A Response to the Problem

In response to the need of higher educational institutions to address the issues concerning HIV infection and AIDS on their campuses, the Office of Higher Education Services within the State Education Department has initiated a long-term effort to achieve the following goals:

- to provide statewide leadership in addressing the concerns of higher educational institutions through symposia, workshops, and conferences;
- to assist in the development, establishment, and refinement of comprehensive and legal prevention policies, procedures, and programs related to HIV and AIDS on campus;
- to encourage colleges and universities to use their resources to explore the biological, social, psychological, educational, and political issues which surround this epidemic;
- to provide encouragement and technical assistance to faculty interested in incorporating AIDS-related issues into their academic curricula;
- to assist in the preparation of teachers and health professionals who will directly or indirectly face the AIDS crisis in their daily work.

The conference and its proceedings, which are summarized in this document, are the first steps in reaching these goals.

New York State Education Department
Office of Higher and Continuing Education

Facing the AIDS Crisis
Postsecondary Concerns

April 17, 1990
Empire State Plaza

A G E N D A

8:30 - 9:00 a.m.	**REGISTRATION**	Northeast Gallery
9:00 - 9:15 a.m.	**WELCOME** **Donald J. Nolan** *Deputy Commissioner for Higher and Continuing Education*	Meeting Room 3-4
	INTRODUCTION AND PURPOSE OF THE CONFERENCE **Mike Van Ryn** *Assistant Commissioner for Higher Education Services*	
9:15 - 9:50 a.m.	**KEYNOTE ADDRESS** The Challenge of the Four Horsemen on Campus: Alcohol, Drugs, Sex, and AIDS **Paul LeClerc** *President* *Hunter College*	
9:50 - 10:20 a.m.	**THE BASICS OF AIDS** Moderator **John Mogulescu** *Director of Adult Learning and Program Development* *City University of New York* Speaker **Robert Bisserup** *Medical Director* *Whitney M. Young Health Center*	

10:20 - 10:45 a.m. **HIV TESTING AND COUNSELING FOR COLLEGE PERSONNEL AND STUDENTS**

Moderator
Charles Silberman
Training Specialist III
AIDS Institute

Speaker
Kyle Restina
Technical Assistance Associate
AIDS Institute

10:45 - 11:00 a.m. **BREAK**

11:00 - 11:30 a.m. **THE FACE OF AIDS** Meeting Rooms 3-4

Moderator
Tony Lofrumento
Associate in Continuing Education

Speaker
A Member of the Board of Directors of the Wellness Center

11:30 - 12:30 p.m. **DEVELOPING AN AIDS POLICY ON CAMPUS** Meeting Rooms 3-4

Moderator
Laudelina Martinez
Assistant Director
Division of Academic Program Review
State Education Department

Speakers
Phillip Santa Maria
Associate Vice-President for Student Affairs
and Dean of Students
SUC Buffalo

Ira Bloom
Vice Chancellor for Faculty and Staff Relations
City University of New York

Thomas Budd
Associate Professor of Biology
St. Lawrence University

Pamela Miller Williams
Associate Counsel
Office of the University Counsel
State University of New York

12:30 - 1:30 p.m. **LUNCH** Meeting Room 6

1:30 - 2:30 p.m. **LUNCHEON DRAMA**

Moderator
Ann Marie Haase
Project Director,
AIDS Issues in Postsecondary Institutions

Drama
Faces: A Living Newspaper About AIDS
Capital Rep's Outreach Educational Program
Albany, New York

Discussant
Naomi Marsh
Associate in School Health

2:30 - 2:45 p.m. **THE STATEWIDE AIDS EDUCATION PROJECT FOR COLLEGE STUDENTS** Meeting Room 6

Moderator
Carmen Medina
Assistant in Structured Minority Access Programs

Speaker
Rose Walton
Department Chair for Allied Health Resources and
Clinical Associate
State University of New York at Stony Brook

2:45 - 3:45 p.m. **TEACHING AIDS THROUGHOUT THE COLLEGE CURRICULUM: TEACHER EDUCATION, THE HUMANITIES, THE SCIENCES, AND THE HEALTH SCIENCES.** Meeting Room 3

PRESENTATION A

Moderator
Marie A. Bush
Assistant Vice Chancellor for Student Affairs
State University of New York

Teacher Education
Jonathan Silin
AIDS Education and Policy Specialist
Bank Street College of Education

The Humanities
Gerald Pinciss
Professor of English
Hunter College

PRESENTATION B — Meeting Room 4

Moderator
Charles F. Graber
Chief, Bureau of Postsecondary Grants Administration

The Sciences
Twitty Styles
Professor of Biological Sciences
Union College

The Health Sciences
Joseph Rukeyser
Associate Director of AIDS
Education and Resource Center
State University of New York at Stony Brook

2:30 - 4:00 p.m. **VIDEO TAPES** — Meeting Room 5

Resource Person
Stephanie Barrett
Senior Librarian

Videos
AIDS Is About Secrets (37 min.)
At Risk (27 min.)
The Reality in the Dream (22 min.)
Till Death Do Us Part (16 min.)

3:45 - 4:00 p.m. **RESOURCE OPPORTUNITIES FOR AIDS EDUCATION** — Meeting Room 3

Moderator
Jacquelyn Smith-Crooks
Associate in Teacher Education

Speaker
Gloria Cuccurullo
Assistant Director for HIV Prevention
AIDS Institute

4:00 - 4:15 p.m. **CLOSING COMMENTS**
Mike Van Ryn
Assistant Commissioner for Higher Education Services

Conference Recorders

Carol Blunt-White
Larry Gray
Jackie Kane
Diane Madrigal
Dave Martire
Vickie Smith

Conference Evaluator - Carole Hammond

Conference Secretaries

Jennifer Sutton - Keyboard Specialist
Bettyann Welling - Principal Stenographer
Francine Beers - Keyboard Specialist

EXHIBITORS

AIDS Institute
AIDS Council of Northeastern New York
American College Health Association
American Red Cross
EPSIS AIDS Education Information Service, New York State Education Department
Wellness Center of the Capital Region

Please complete the evaluation form and AIDS information questionnaire and put them in the boxes provided.

Welcoming Remarks

Donald J. Nolan
New York State Education Department

Welcome! I am gratified to see so many of you at today's conference.

As you are aware, AIDS is fast becoming the worst epidemic of the century in New York State. This disease is already a leading cause of death in men aged 25-34 and, in New York City, it is rapidly gaining ground as a killer of young minority women.

Although few incidences of HIV infection and AIDS have been recorded among college students, the traditional college age population is vulnerable to contracting the HIV infection and eventually being diagnosed with AIDS. Traditionally this group experiments with ideas, career paths, alcohol, drugs and sex with little regard for personal safety. Nowadays, however, experimenting with drugs and sex can be fatal. An effort to persuade college students to reduce their risks requires that they be given information about what they do and its consequences.

Today, we are gathered to learn and to share ideas and concerns on how we may educate students and others in the college community about the prevention of HIV infection. Our speakers will discuss prevention policy and programs, and the incorporation of HIV and AIDS prevention in the academic curriculum. In future sessions, we will discuss other concerns which postsecondary educators have about AIDS and its effect on the college community.

The presentations and discussions you will hear today will be instructive and illuminating. I anticipate that each of you will learn more about reducing the risk of HIV infection in the campus community and each of you will rekindle your enthusiasm in this battle against AIDS.

Keynote Address

THE CHALLENGE OF THE FOUR HORSEMEN ON CAMPUS: ALCOHOL, DRUGS, SEX, AND AIDS

Paul LeClerc
President, Hunter College

As anyone who attends large meetings on a regular basis knows, it is customary for the keynote speaker to begin his or her presentation with a joke or a light anecdote — something that begins with a line like, "A funny thing happened on my way to Albany..."

I'm afraid that I will have to violate that custom this morning, because I can think of nothing even remotely amusing that concerns the subject of AIDS or alcoholism or drug abuse on campus or anywhere else. In fact, over the past several days, as I've been thinking about and working on these remarks, I've had occasion to reflect particularly on the toll the AIDS epidemic has taken not just on higher education, or on my own institution, but on me personally. And I'm sure my circumstances aren't too different from yours.

Since 1981 or so, I have lost at least a dozen colleagues to AIDS. I know still others who have tested HIV positive, or who have AIDS-related complex, or who are now ill with AIDS-related diseases. Some of them were close friends. Most of them were my age, or younger. I say "at least" because in some cases family sensibilities kept the description of the "cause of death" vague and confusing, so no one could really be sure that it was AIDS and not cancer from some other cause or pneumonia. Fortunately for all of us — probably including the families involved — the cover-ups are less common now than they were in the early 1980s. Last week I looked through the obituary pages in *The New York Times* and saw about a dozen death notices that made it clear that AIDS or its complications had led to the death. That, at least, is some kind of progress.

Of course the big AIDS story in recent days was the death of Ryan White. I'm grateful, as all of us should be, that the media and our major celebrities — even the odd couple of Michael Jackson and Donald Trump — gave Ryan's story so much attention. That brave boy's fight, not just against the disease but against the fearmongers and the haters, was important and it was inspiring and it deserved all the play that it got.

But there was something troubling about how the media reacted to Ryan White's death. It was almost as if the press and the political leaders and the entertainment celebrities went out of their way to celebrate the anomaly, the exception. Ryan White, like Dr. Prego in New York, was the innocent AIDS patient, the person whom no one in his or her right mind would hold to blame for what happened. Ryan White got AIDS through a transfusion of contaminated blood. He didn't get it by sharing a needle in a shooting gallery. He didn't get it from sex, with or without protection. In other words, Ryan White wasn't a bad person, just an unlucky one. So he deserved our sympathy. At least that's what the media and some of the celebrities seemed to be saying.

But 18-year-old Ryan White, from Kokomo, Indiana, was not the typical person with AIDS. In a lot of important ways he was the antithesis of that victim. And the question we ought to be asking is whether the standard-variety person with AIDS — the young men whose death notices I read in *The New York Times* who may have gotten the disease by having sex with other men, or the needle-sharers whose families don't usually put death notices in *The New York Times* — whether these people deserve any less sympathy or tolerance or celebration of the courage they exhibited through their final days.

The answer is that of course they don't deserve any less sympathy or less attention. Yet I suspect that there lurks in many people in our society a tendency, if not to blame the typical AIDS patient, then to feel some degree of exasperation with him or her. It doesn't take a homophobe — an Andy Rooney or a Jesse Helms — to feel that way, and in any event, at least in academia, I hope and believe that anti-gay bigotry is on the decline. The root cause of the exasperation is less sinister than that — but, in the end, probably no less hurtful. It focuses on the standard practice, which we Americans have cultivated to a high art, of blaming victims for their plight.

Even in educated circles there is a growing tendency

to feel that way about people who get AIDS. It's the way we feel toward the three-pack-a-day smoker who contracts lung cancer. Or the heavy drinker whose liver starts to go. Or the teenage driver who takes curves at 80 miles an hour and ends up in the intensive care ward. Tragic? Yes. A loss to society? Sure. But in the final analysis, it's their own fault.

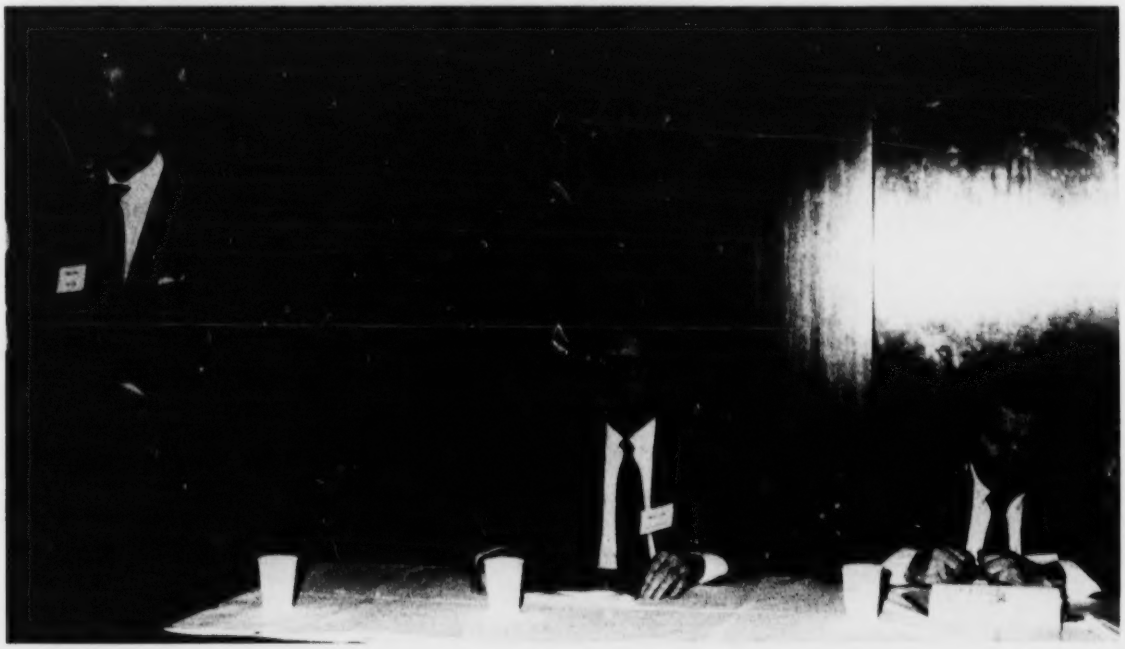
That attitude, while common, is wrongheaded and wronghearted; it yields no productive results, and it leads to a too-easy abandonment of our responsibilities as educators and as human beings. The reason we are here today, and the reason we will listen closely to what we hear over the next several hours and report it back to our campuses, is that we reject indifference as surely as we reject outright bigotry. We accept the function assigned to us by society and by the state as guardians of our students' well-being. We recognize the reality that AIDS, like alcohol abuse and the use of illegal drugs, is destroying not just the lives of its immediate victims, but the social fabric as a whole.

Having said that, I hasten to point out what you already know. Everyone in this room lived through the 1960s and all of us realize that the concept of *in loco parentis* has long since vanished from every university, with the exception of some religiously-affiliated institutions. For that matter, it's probably true that parents themselves no longer are able to act *in loco parentis*: As the parent of a two-year-old, I've already heard enough friends warn me to "just wait until he's a teenager" to realize that parental control is not a universally recognized commodity. But whether or not we have authority over our students, or our children, there can be no doubt but that we have responsibility — not for their well-being, since no one can guarantee that — but for taking every step within our power to make their health and safety possible in this terrifying age.

When we think about AIDS particularly, the dimensions of that responsibility are staggering. As of today, 12 million young people in the age range most vulnerable to HIV infection are enrolled at colleges and universities in the United States; the only social institutions that come close, in terms of numbers of young people present, are the military and the prison system. Those 12 million young people tend to be eager to experiment with alcohol, drugs, and sex; they may be ill-accustomed (though sometimes surprisingly able) to function rationally in the absence of direct, day-to-day supervision; they are likely to be resistant to anyone who tells them how to behave and, particularly, how to behave with reference to sexuality.

What makes AIDS particularly complicated, even in comparison to alcohol or drug abuse, is its invisibility, at least in the early stages of infection. Most people who show symptoms of HIV infection are in their 30s. But the experts tell us that the incubation period is up to 10 years long — which means that many of those 30-to-39-year old persons with AIDS contracted the disease when they were in their 20s, very possibly while they were in college or of college age. No one knows for sure how many of the students sitting in our classes are carrying the AIDS virus. But a *low* estimate by the American College Health Association and the U.S. Centers for Disease Control puts the number at 24,000.

To say that college students are sexually active is to repeat a truism. Like most truisms, this one contains some truth — though I suspect that a little media hype (and maybe some wishful thinking) lies behind it. Hunter College is a long way from Fort Lauderdale. Men and women like Hunter students — people holding down a job and maintaining a full class schedule — are probably not as likely to be wildly promiscuous as the media would have us believe. The same can probably be said for students at most of your campuses. So I don't want to overstate the situation. Still, students do engage in sex, and it tends to be the kind of sex that is very hospitable to AIDS. It's often casual, sometimes spur-of-the-



moment, sometimes between partners who don't know each other very well. It is often—not always, but often—engaged in by people not averse to taking risks, not eager to heed warnings, unable or unwilling to think of life in timespans longer than two or three months into the future.

This is a population very definitely at risk of AIDS. It is also a population at risk of experiencing negative consequences of drug and alcohol abuse — and all the alcohol age-restriction and drug penalty laws that the state legislature passes won't, in and of themselves, change that fact. If the national survey data are valid (and I suspect the numbers are low, since people don't tell poll-takers about illegal acts), then 350,000 American college students used cocaine at least once, maybe more than once, this past month. One student in six used marijuana — and I don't think many were deterred by the likely impact that fact would have on a future nomination to the Supreme Court. About half of all students had one or more drinks in the past two weeks.

Now it is obvious to us, as it is to our students, that not everyone who takes a drink will become an alcoholic and not everyone who uses drugs will turn into an addict. Were that the case, most of the members of our generation — probably most of us in this room — would be in treatment centers rather than here. Still, the percentages applied to the numbers give cause for alarm. If only one percent of the 12 million college students enrolled today does indeed suffer impairment due to alcohol or drug abuse, that's 120,000 people requiring the intervention and the support of the community. The cost to our treasury for caring for those 120,000 people is vast. The cost to themselves and to their families in terms of anxiety, disillusionment, alienation, and anguish is incomprehensible. And I can guarantee that the proportion of students who develop drug or alcohol problems is a lot higher than one percent.

These are some of the dimensions of the problem. The question for us today is how we are going to respond.

I won't try to preempt the experts who are going to be talking to us later, and who will doubtless be telling us about programs that work and explaining what our specific goals should be. But based on my own experience at Hunter and my understanding of the issues involved, I want to sketch out a few general thoughts about some basic obligations.

First, despite everything I said about young people's resistance to authority and willingness to live dangerously, we still have to make information on AIDS and on drug abuse and on how to prevent both of them available, to everyone and anyone. I *know* that information alone won't stop either epidemic. Once we believed that it would. We were wrong, at least for this population. But this is *not* to say that information isn't essential. We have to guarantee that every freshman orientation program, every health service outreach, and every other mass-information effort includes components on AIDS awareness. Not everyone will listen. But enough people will hear what we have to say to guarantee that *some* lives will be saved.

Second, we need to make our campuses places where people feel secure in their physical safety and in their emotional identity. That means, first and foremost, that we recognize sexual assault for the vicious act that it is. Date rape and other kinds of sexual violence represent major crimes and have to be treated as such. Those of you at residential campuses, and even those of us who

serve commuter populations, need to make it clear to students, faculty, and security staffs that acts of uninvited sexual aggression will be investigated and prosecuted and will result in expulsion and full criminal penalty.

And so will acts of violence perpetrated against homosexuals. Campuses that tolerate either violence or quieter forms of discrimination are places that push and keep gay men and women in the shadows, keep people from getting information or treatment for sex-related problems, and facilitate the spread, through ignorance or indifference, of sexually-transmitted diseases. The words of New York's law and of our own policies are supposed to keep us from discriminating against any of our students on the basis of sexual preference. But the law has meaning only if we enforce it and show that we believe in it.

Third, we ought to make AIDS prevention activities by our students easy, confidential, nonembarrassing and nonintrusive. A lot of places are doing that already. Rutgers University just reported that they gave away 10,000 condoms last year, and they're not unique. Last Halloween at Hunter we distributed "goody bags" of condoms and chocolate kisses. For some of us, that sort of thing violates, not so much morality, as good taste. Handing out free condoms is not what I thought I would be doing when I first dreamed of becoming a college president. But again, measured against the risk, the activity seems worth whatever embarrassment it entails.

Fourth, we have to look very closely at the two things that represent our primary activities and reasons for being: curriculum and research. It's time for a major reassessment in both areas. We ought to start asking: Do our courses in health sciences, social work, education, or whatever reflect an understanding of the AIDS and drug crises? Should we make some changes? At Hunter we've begun a program to ensure that every graduate of our schools of nursing, health sciences, and social work knows something about AIDS. This semester we are offering an undergraduate interdisciplinary course on AIDS/HIV for health professionals; offering students field placements with stipends in AIDS-related facilities; encouraging staff members at the Gay Men's Health Crisis to apply for our Master's in Public Health Programs; and have 15 faculty members meeting weekly to plan interdisciplinary courses on AIDS for next year. This is a start, at one institution. Doubtless, it's not enough.

In the research area, we should try to link the expertise of our faculty to AIDS and drug-related issues. This is not just an issue for people in the hard sciences or for institutions that have big biomedical programs. AIDS and drug abuse have an economic component, a sociological component, a philosophical component, and very definitely a political component. The skills of statisticians and the skills of people in the creative arts are needed in equal measure. We need to be sure that our faculty are aware of the needs and that our grant offices are aware—and keep the rest of us aware—of the funding opportunities.

Fifth and finally, I want to see us play a stronger advocacy role in the larger world. This may be the most important task of all.

President Bush has called for a Federal expenditure on AIDS of just over $500 million for the next fiscal year, and this is an increase over current funding levels. But let us put this figure in context. Five hundred million dollars equals the amount the Pentagon will have spent between the time I left my apartment this last evening and the time I'll get home this afternoon—and I would submit that the dangers the Pentagon is protecting us from pale by comparison with the dangers imposed by AIDS. Funding to combat drug abuse is going up next year also—but we will still have addicts in New York, some of them no doubt University students, who can't get into treatment programs because there isn't any room.

Demanding more Federal dollars for AIDS or drug abuse may ring hollow to some ears. But if we couple those demands with a commitment of our own to reallocate *our* resources towards AIDS research and training, and drug abuse and alcohol abuse treatment, then we give ourselves moral legitimacy. And if we bring the expertise of our faculty to bear on these problems, and offer not just empty rhetoric but informed arguments for more funding and—and this is important—better-targeted funding, then we can play a vital role in the political dialogue. The university community can lead the charge for a reallocation of resources away from Cold War programs long since made obsolete and toward programs designed to fight the very real war against enemies more insidious and dangerous and powerful than the Communists ever were.

This, then, is the challenge confronting us today and in the months to come: to develop a set of internal programs and external appeals which, in combination, enable us to fulfill our responsibility to our students and to the society at large. It is a challenge that I know we are capable of meeting.

Let me close with this. You may be familiar with Albert Camus' novel, *The Plague*, which deals with the response in a French community to a disaster similar in effect if not in nature to the AIDS tragedy. A few lines from that work seem appropriate in the present context:

> Many fledgling moralists in those days were going about our town proclaiming there was nothing to be done about it and we should bow to the inevitable. And Tarrou, Rieux, and their friends might give one answer or another, but its conclusion was always the same, their certitude that a fight must be put up, in this way or that, and there must be no bowing down. The essential thing was to save the greatest possible number of persons from dying and being doomed to unending separation. And to do this there was only one resource: to fight the plague. There is nothing admirable about this attitude: it was merely logical.

So it is today, in the United States and specifically in New York, with regard to the plagues of AIDS, drugs, and alcohol abuse. It is not particularly admirable that we have chosen to fight these things. It is merely logical, from the perspective of people and institutions legitimately concerned for their own survival. The work of persuading society that this is a worthy fight is for the most part accomplished: the reaction to Ryan White's death, for all the atypical nature of his case, proved that. The real work lies ahead of us. And that work is to wage the battle against AIDS and the battle against addiction with skill, perseverance, and confidence in the ultimate victory we will achieve.

Summary of Sessions

During the April 17 conference, individuals from postsecondary institutions, health centers, the AIDS Institute, and the Education Department discussed a variety of topics related to postsecondary concerns in facing the AIDS crisis. These topics included the biology of AIDS, HIV counseling and testing for college personnel and students, developing AIDS policy on campuses, confidentiality, the statewide AIDS projects for college students, and teaching AIDS throughout the college curriculum. A summary of the content of each of the sessions follows.

The Basics of AIDS

Dr. Robert Bisserup, Medical Director of the Whitney M. Young Health Center and provider of health care to AIDS patients, discussed the biology and spread of HIV infection and AIDS. Dr. Bisserup indicated AIDS is caused by the Human-Immunodeficiency Virus (HIV), a submicroscopic organism capable of spreading and replicating itself throughout the body. HIV attacks the immune system and suppresses it, allowing opportunistic infections to develop.

The body has two major defenses against HIV: the skin, which keeps unwanted organisms out of the body; and T-cells, white blood cells which are capable of killing a virus. A break in the skin, however, enables HIV to enter the body, where the virus cripples the ability of the T-cells to fight it. Once HIV has entered the body, T-cells can carry it for several years in an inactive state. Without warning, the virus activates itself and suppresses the body's immune system.

The most important drug used to combat AIDS is AZT, which blocks the T-cell decoders so that the virus has difficulty reproducing. AZT slows the progression of HIV infection from stasis to reproduction. As soon as a patient is known to possess the virus, i.e., test positively for HIV, AZT therapy begins. Drugs such as DDI and DDC are now more easily obtainable, but they have stronger side effects than AZT.

Since HIV is frequently transmitted through sexual contact, special measures are necessary for the practice of safer sex: people should use condoms, know their partner's sexual history, and avoid drugs and alcohol — which tend to make people more willing to indulge in risky behavior.

HIV Counseling and Testing for College Personnel and Students

Charles Silberman, Training Specialist III at the AIDS Institute, moderated this session and set the tone by reading a *New York Times* article which told the story of a well-educated young woman who was exposed to the AIDS virus one romantic evening with a man she did not know was bisexual. The article indicated she believed she would not get AIDS since she was the granddaughter of the founder of Getz Department Stores in Queens, NY, daughter of a NYC real estate executive, and a cofounder of Tennis Lady, a national chain store.

The other participant in the session, Kyle Restina, Technical Advisor at the AIDS Institute, explained that HIV testing is a voluntary blood test and requires written informed consent. The test indicates whether or not the AIDS virus antibodies are present. If a person tests positive, early treatment may help the person maintain good health.

As required by law, the testing process includes pre- and post-counseling. During the initial counseling ses-

sion, the client is provided information about HIV transmission, prevention, and the personal and medical benefits of learning one's serostatus. The client's involvement in at-risk behaviors is also discussed. These behaviors may include the use of IV drugs, needle sharing, and anal, oral or vaginal intercourse with anyone whose HIV status is unknown. Post-test counseling is more than giving test results; it is another opportunity to clarify information and further promote HIV risk-reduction behavior.

Two options for HIV counseling and testing are available: anonymous and confidential. In settings such as health centers and doctors' offices, people provide personally identifying information, and the results of their tests are recorded in their medical records. This method is the confidential option and allows for direct medical follow-up. Disclosure of the test results is protected by law; courts may order the release of HIV-related information from medical records but may not subpoena the records. Anonymous HIV counseling and testing can be obtained through the NYS Department of Health AIDS Institute HIV Counseling and Testing Program, the NYC Department of Health, and some Sexually Transmitted Disease Clinics. Anonymous HIV counseling and testing is conducted without using personally identifying information; the individual is identified only by a code number. In both settings, pre- and post-test counseling is provided and strategies for risk reduction and treatment options are discussed.

There are two voluntary, confidential programs available to assist HIV positive individuals with notifying their sexual and/or needle sharing partners: the New York State Department of Health Partner Notification Assistance Program (NYS P-NAP), which serves all counties outside of New York City, and the New York City Department of Health Contact Notification Assistance Program (NYC C-NAP), which serves all New York City boroughs.

By law, physicians may directly notify the partner(s) of the HIV positive patient or refer the partner information to NYS P-NAP or NYC C-NAP if the physician reasonably believes that: disclosure is medically appropriate; the partner is at significant risk; and the HIV positive patient will not inform the partner. However, the HIV positive patient must be informed of the physician's intent to notify the partner(s), and the patient may choose whether the physician or a public health officer will handle the notification. The identity of the HIV positive person is never disclosed to the partner.

The Face of AIDS

Peter, a member of the Board of Directors of the Wellness Center in Albany, NY, described his experience as a person with the HIV virus. Since 1987, when he was diagnosed as having the AIDS virus antibodies, Peter indicated that AIDS has been a major part of his life. Before that, AIDS did not concern him; it concerned others. He believed it would never happen to him. He was married, had a 16-year-old daughter, a new house and car and two horses, but after his diagnosis he slipped into alcoholism and lost his family and home. Today he is a recovering alcoholic and living with AIDS.

AZT and other medications have kept Peter out of the hospital and help him to live a longer and healthier life. In his volunteer work with others who are infected, Peter listens and is supportive. A young man who had been diagnosed as HIV positive came to Peter for help with decisions on how to proceed with his life. Peter felt his responsibility to the young man was to be honest and to admit that he could not promise to be there to give help over time.

Education, Peter believes, is not a panacea that will prevent the spread of AIDS. Many who are referred to him for counseling already knew about safer sex. Rather, he believes the value of education comes in helping people live with AIDS.

Peter lamented that most people deny the existence of AIDS. Families do not talk about it. They may care for a member who is infected, but they hide the fact and the person from other family and friends. Health care workers often refuse to take care of HIV infected or AIDS patients; most AIDS patients believe they have to take care of themselves. And infected persons themselves do not complain about mistreatment or isolation, because they do not want anyone to know their plight. This denial, shame, and fear lead to a lack of support programs not only for the HIV infected and AIDS patients, but for families grieving the loss of one who died from AIDS and for medical personnel who are burned-out from caring for patients with the AIDS virus.

To most people, Peter added, AIDS is something they read about, an abstraction. "It's a shame, " he said, "that it takes coming down with the disease for it to become a reality."

Developing an AIDS Policy on Campus

At this session, representatives from the State University of New York, The City University of New York, and St. Lawrence University discussed the development of an AIDS policy at their institutions. Presenters responded to questions during a brief period at the end of the session.

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Phillip Santa Maria, Associate Vice-President for Student Affairs and Dean of Students, discussed the development of an AIDS policy on the campus of the State University College at Buffalo. Although publicity about the AIDS virus began in earnest in 1981, Dr. Santa Maria stated there was no action on the AIDS policy at SUC Buffalo until 1985. The impetus for this initiative came from two sources that indicated New York City was one of four cities in which AIDS was epidemic — the others being San Francisco, Los Angeles, and Miami — and an increase in the number of students from New York City.

Faculty and administration sought information about AIDS policies on other college campuses. They contacted the Gay/Lesbian Coop at Yale University, the American College Health Association, the San Francisco AIDS Foundation, the University of Michigan, the University of California at Berkeley, and the University of Virginia. After the initial gathering of information, a committee of representatives from the Health Center, the Counseling Center, minority student organizations, the campus ministry, the faculty, the Office of Public Affairs, and the Western New York AIDS Support Group was formed to develop a policy on AIDS for the college.

The committee considered the following in designing a short- and long-term policy which protects the constituency of the college during the AIDS crisis: medical risk, individual and community rights, confidentiality, educational programs, valid information, and communication with the public and the media. The short-term plan includes the provision of current basic information, print and non-print materials both from the college and from the surrounding community, and a speakers forum on various aspects of the disease. The long-term plan includes developing an educational program for students; a training program for all resident life staff, including resident advisors and resident directors; academic activities that incorporate AIDS in the discussion; workshops, symposia, and awareness programs; bilingual brochures and bilingual videos; an AIDS newsletter; a speakers bureau to serve the community at large; production of a play about AIDS; and condom dispensers which include educational information.

The ongoing work of the committee is the yearly review of campus policy, which is presented in the Student Handbook, and the review of programs and activities. The continuing question is, "Are we doing enough?"

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The Vice Chancellor for Faculty and Staff Relations of The City University of New York (CUNY), Ira Bloom, discussed the formulation of the AIDS policy at The City University of New York. Dr. Bloom stated that CUNY is the largest urban university in the United States, with over 190,000 students, close to 30,000 faculty and staff, and 18 campuses.

Because AIDS is considered epidemic in New York City, CUNY established an advisory committee to develop an AIDS policy. The policy was adopted by the CUNY Board of Trustees in 1988; it requires each of the 18 campuses to appoint an AIDS coordinator and it addresses the issues of education, confidentiality and nondiscrimination, and the modification of the health service delivery curricula. The need for the latter arose, in part, because some students entering programs in the health field were reluctant to treat AIDS patients. As a result of the policy, CUNY faculty members counsel students who want to enter the field of health service delivery but are reluctant to treat AIDS patients, to consider another career choice. Also each of the 18 campuses must appoint an AIDS coordinator.

Dr. Bloom indicated that a significant concern regarding the AIDS policy is the impact of employees with AIDS upon the supplemental employee health insurance program. Some employees express irritation at the contrast between the high number of claims for small amounts of coverage and the small number of claims with very high costs for employees with AIDS-related illnesses. A benefit to all was the increase in the annual ceiling for prescription drugs to $5,000 and the reduction of the waiting period for disability insurance from six years to one year.

The real leadership role, according to Dr. Bloom, has been balancing the need to respond to the AIDS crisis in the midst of tight budgets with the competing moral imperatives represented by a variety of advocacy groups. Steering the proper course through the rough waters of conflict results in gains for all.

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Thomas Budd, Associate Professor of Biology at St. Lawrence University, considered the difficulties many small colleges in rural and suburban environments face in dealing with AIDS. Not only are they isolated and insulated from the larger world but they often lack resources, both human and material, needed to develop a sound AIDS policy for their campuses. Moreover, administrators who have little, if any, scientific background fail to realize the magnitude and gravity of the AIDS crisis. Some believe that they need not address the problem of AIDS because the medical profession has a test for it. This results in an unwillingness to donate material resources or to develop a policy. Finally, smaller institutions have smaller groups of students who associate with each other more closely and intimately and who have more efficient grapevines than students in larger colleges. Therefore there is often a reluctance to publicly discuss sexual issues and controversial subjects such as condom availability.

To overcome the difficulties, Dr. Budd suggested two classes of actions: one that requires faculty and administrative time and effort, but does not cost money, and another that requires the commitment of financial resources. The less costly plan of action consists of four steps. An AIDS committee should be formed, comprised of persons with a voluntary interest in AIDS. The St. Lawrence AIDS committee consists of the Dean of Students, the Director of Counseling Services, the University physician, three faculty members with expertise in understanding AIDS, and one student representative. All are available as resource persons. Sometimes, Dr. Budd indicated, top administration needs to be persuaded that an AIDS committee is necessary. He suggested educating lower level administrators first, and letting them carry the message to top administration. The next step is adopting an AIDS policy from the following, or modifying one of these policies to fit the college:

- American College Health Association - General Statement on Institutional Response to AIDS. December 2, 1985.
- CDC Public Health Service Guidelines for Counseling and Antibody Testing to Prevent HIV Infection and AIDS, August 14, 1987.
- CDC Public Health Service Recommendations for Prevention of HIV Transmission in Health Care Settings, August 21, 1987.
- Health Service policy statement for Resident Assistants and Resident Directors on "universal precautions" while giving First Aid.
- Health Service policy statement for athletic trainers and coaches on "universal precautions" for treating injured athletes.

The third step is to develop associations with the local or county health departments or with other public, sanctioned AIDS organizations offering hotlines on AIDS counseling and testing services. At a minimum, the college should publicize the State hotline number or the AIDS information number from the Council for Disease Control. Dr. Budd indicated that St. Lawrence County has a crisis intervention hotline which operates partly

through the county health department, and the Planned Parenthood office offers anonymous AIDS testing and counseling. The fourth step is to develop policies for protection of confidentiality, for when to recommend testing and counseling, for when to counsel students coming from foreign countries with high levels of AIDS cases, and for students going to off-campus programs located in what may be considered "high risk" areas (e.g., Africa).

A plan of action which requires financial resources might consist of the following six steps. A concise presentation or seminar on AIDS could be developed for educating faculty, staff, counselors, resident directors, resident advisors, and students. Usually one and one-half hours is sufficient to discuss the information necessary to understand the risks concerning contracting the AIDS virus. At St. Lawrence University, this presentation is incorporated into the Physical Education 100 course, which is taken by all freshman students. Some of this information is also presented in the freshman orientation program. Other steps would include producing a regular publication of AIDS information, creating a list of persons who are knowledgeable about the biomedical and social aspects of AIDS and who would be willing to train as counselors, developing a library of video and audio taped programs for use in classroom and seminar meetings, and making condoms widely available to students within an environment of anonymity such as vending machines.

Other actions which the college might take is to offer a college credit course on AIDS and to encourage faculty to include discussions of AIDS in their courses. Dr. Budd presented an example of his Biology 260 course outline, which is included in Appendix A. He also said that, to assess the efficacy of AIDS education, St. Lawrence tracks condom sales and receives regular feedback from the resident advisors.

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Pamela Miller Williams, Associate Counsel in the Office of the University Counsel at the State University of New York Central Administration, presented legal information concerning AIDS. She indicated that, in 1988, public higher education institutions in New York were mandated to address issues concerning AIDS on campuses. Although the advisory was general, the work of compliance is specific to each campus.

Case law has held that persons with AIDS may be considered handicapped and, therefore, protected by the Federal Rehabilitation Act and by state and local anti-discrimination laws. Violators can be punished for discriminatory behavior. This legal protection includes housing, admissions, employment, and medical treatment, among others. Allegations of discrimination based on handicapping conditions are generally filed with the New York State Division of Human Rights.

However, people with AIDS who claim protection based *solely* on sexual preference and not their HIV status would not necessarily have legal protection unless a local ordinance exists. Although the Governor issued an executive order including sexual preference in the nondiscrimination policy for the State, his order does not have the force of a Federal or state law. Therefore, allegations of discrimination based on sexual preference are often referred to the local Human Rights commissions for adjudication.

To insure that personnel do not discriminate and thus to protect universities against charges of discrimination, Counselor Williams suggested that campuses provide ongoing AIDS education. Current medical information, training and materials should be provided to all students and staff. Policies regarding waste disposal and the sharing of working and living space must be established. Adequate barrier materials such as gloves and condoms should be available to all campus personnel who require them.

Counselor Williams also stated that no medial information with regard to HIV status may be disclosed, even to parents, except where permitted under law. At anonymous testing sites, no information may be released except when a patient signs a consent form. To help ensure this confidentiality, medical records with HIV information must be kept separate from other records. If, however, a student with HIV infection tells a resident assistant or resident director that she or he is infected, the student should be encouraged to inform the head of the health services and to seek medical treatment and counseling. Ideally, the college should adequately train all resident assistants and directors in campus policy and procedures regarding HIV infection so that such situations may be handled with tact and compassion.

The Statewide AIDS Education Project for College Students

Rose Walton, Department Chair for Allied Health Resources and Associate Professor of the State University of New York at Stony Brook, presented the development of the statewide AIDS Education Program. Dr. Walton stated that the overall goal of the project was to stop the spread of HIV infection and to educate the college community so that students, faculty, and staff could make informed decisions about their risk of contracting AIDS. The program began in 1985, when the New York State AIDS Institute funded a proposal from Stony Brook to develop a curriculum for college students. During the first year, the curriculum was developed and field tested at Stony Brook in three different settings: a 15-hour one credit course, a 6-hour workshop and a 2-hour instructional program. The nine-unit curriculum guide was based on a decision-making model. Facilitators could use all or any part of the curriculum to accomplish their goal of providing AIDS education on campus.

In the second year, the 54 campuses of the SUNY system were invited to send a facilitator to a two-day training session in Albany. Fifty-four facilitators from 50 campuses left that training session with creative and innovative plans to educate the campus community about AIDS. All of them were campus leaders who accepted this challenge in addition to their full-time positions.

During the third year, The City University of New York and many of the independent colleges in the state joined the SUNY community in this project. New facilitators from SUNY campuses also attended the training. As a result, 148 facilitators for 120 campuses were trained. According to Dr. Walton, project staff collected reports from these facilitators during each year of the project. During the fourth year, project staff evaluated the entire project. Programs ranged from a week of AIDS awareness, to condom olympics, to presentations in courses required for every student, to resident hall programs, to peer education. The final report to the AIDS Institute conservatively reported that the project had reached an estimated total of 315,497 students and staff during the three years of its operation.

Teaching AIDS Throughout the College Curriculum: Teacher Education, the Humanities, the Sciences, and the Health Sciences

This session emphasized the efforts of teaching faculty how to incorporate information about HIV infection and AIDS into their courses. Four professors from independent and public colleges discussed methods and activities they use to encourage students to address the impact of AIDS on their personal lives as well as on the campus and world communities.

The session was divided into two sections. Presentation A consisted of discussions of teacher education and the humanities, while Presentation B addressed the sciences and the health sciences. The following is a summary of the presentations from each speaker.

Presentation A: Teacher Education and the Humanities

Jonathan Silin, AIDS Education and Policy Specialist at Bank Street College, noted that as a former teacher and educational researcher he was especially pleased to speak with others also committed to preparing future teachers. From his experiences in school districts across the state, he has seen that AIDS presents the opportunity to clarify our educational purposes as well as to improve health curriculum. Working with people with HIV infection, he has also come to understand AIDS as a socially constructed phenomenon, a complex knot with political, economic, social, and biomedical strands to be unravelled. It is a subject that should be present throughout the school and college curriculum.

Unfortunately, most teachers are being asked to implement AIDS education with little or no in-service preparation or involvement in curriculum development. Teachers see AIDS as another topic to be squeezed into overcrowded, overorganized days. They fear that the school is being held accountable for instruction that

might more appropriately take place at home and for a problem which it cannot solve.

Teachers are also acutely aware of the discrepancies between the formal curriculum that fragments and compartmentalizes subject matter and the realities of how children learn. Dr. Silin cited several examples of how questions about AIDS occur throughout the school day, sometimes at the most unexpected moments. He insisted that to be meaningful, AIDS information can't be taught only in the fourth grade science class or sixth grade family life class, when it may seem irrelevant or too abstract.

Dr. Silin expressed concern about curricula that do not begin with the knowledge and questions that personal experiences may have generated for students before coming to school. He also pointed out that while curricula often attempt to illicit sympathy for those with HIV infection, they seldom address homophobia, racism, and addictophobia. Dr. Silin cited recent studies reporting extreme homophobia among teenagers, the disproportionate impact of HIV on minority populations, and our tendency to blame the individual substance user rather than to see addiction as embedded in the socioeconomic fabric of society. He believes that discrimination against people with HIV infection will not end until we deal with these issues.

In addition to the lack of training and the limitations of formal curricula, Dr. Silin commented on four themes that inform teachers' willingness to become actively involved in AIDS education. First is their understanding of childhood and their openness to accepting the realities of growing up in the contemporary world. Here he suggested that teacher educators need to offer preservice teachers a better understanding of how the nature of childhood has changed over time and the ways that specific developmental schemata are used to rationalize the avoidance of difficult subjects with students.

Second is the teachers' perception that the curriculum poses unalterable constraints on what can be said and done in their classrooms. Because the school is frequently seen as impermeable to change, teachers eschew involvement with controversial topics. Others resist practices that are seen as duplicitous or demeaning, e.g., referring student to parents for information. Dr. Silin suggested that our preparation of teachers needs to become more political, enabling them to better understand their roles as agents for change and advocates for children and for a curriculum in which they can believe.

Finally, many teachers feel their own authority is in question when they are not in total control of the subject matter or when they are approaching topics that do not lend themselves to definitive responses, topics such as illness, death, and sex. Dr. Silin urged that we help new teachers to see that at times it is more important to assume the role of learner rather than knower and that our authority does not rest only in our command of information but also in our ability to provide meaningful interpretations of events and experiences of liberating insight.

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Gerald Pinciss, Professor of English at Hunter College, asserted that any course achieves positive aims when, by including AIDS as a subject, it makes students aware that they are among the population most at-risk and that the disease is always incurable and fatal. He indicated the approach at Hunter College was to generate interdisciplinary AIDS-related courses and to develop modules on AIDS for other courses. He defined humanities as including art, classics, communications, English, foreign languages, history, music, philosophy, religion, theatre, and film.

As preliminary observations, Dr. Pinciss noted that the need is to reach the greatest number of students with the most persuasive and instructive materials available.

That goal is not often achieved by teaching advanced seminars having prerequisites and limited enrollment, even though they are the easiest to institute. Dr. Pinciss also suggested that some general guidelines are needed for selecting AIDS-related material that could prove useful to a range of disciplines, department politics, and idiosyncrasies of teaching style.

Dr. Pinciss offered some examples of college activities and courses which would incorporate AIDS information:

- An Art Department design contest for the best student poster on AIDS. The winning entry and runner-up would be exhibited in the College library:
- A Theatre Department production of a play with AIDS as its subject, such as *The Normal Heart* by Larry Kramer, *As Is* by William Hoffman, or an original work by a student in a playwriting class.
- A Communications Department class study-project comparing AIDS-related programming on commercial radio and television with similar programming on public service or nonprofit, educational radio and television. The project could raise questions about the relation of sponsors to programming and the responsibility of the media for educating the public and shaping public attitudes.
- Philosophy Department offerings that take up such issues as personal freedom, individual responsibility, and the limits of social legislation. Such courses fall under the general heading of the "Problems of Value and the Good Life." Typically, they may include classes entitled "Social and Political Philosophy — The Study of Selected Philosophical Problems in Politics, Law, Economics, and Society," or the "Problems of Law and Morality — the Philosophy of Law and the Relation of Legal to Ethical Issues."
- Comparative Literature classes which study the topic of "Love And Death or Love As Death," to include such works as Blake's "The Sick Rose"; Dumas' *Camille*; Mann's *Death in Venice* or *The Magic Mountain*; Gabriel Maria Marquez's *Love in A Time of Cholera*; and selections from *Poets on AIDS*.
- History courses which deal with the idea of "Ultimate Trials: The Testing of Civilizations." How a society responds to an epidemic is a key to its definition of humanity and humane behavior. To establish the intellectual framework, the course might start with Camus' *The Plague* (1947), then proceed to selections from Thucydides, *History of the Peloponessian War* (423-403 B.C.), Agnolo di Tura on the Black Death (1348-1350), Dekker's *The Wonderful Year* (1603), Pepys' *Diary*, Defoe's *The Journal of the Plague Year* (1722), and Shilts' *And the Band Played On*.

The discipline of English has special problems incorporating AIDS in advanced courses. There is a scarcity of first-rate writing on the topic because the disease and its effects are too recent to have generated enough material for a course. Also, the topic of AIDS on its own is not appropriate as a course counting toward a major in English or American literature. However, AIDS-related materials may be included as components in an on-going English Department course. Since many of the appropriate classes are at the introductory or intermediate level, they enroll large numbers of students early in their college careers. Moreover, since at some institutions these courses fulfill college-wide requirements, they reach a wide cross section of the student body — those who are potential majors in departments that may not offer AIDS-related courses.

1. Introduction to Poetry: In addition to the usual selections, one can choose some examples that involve AIDS. A good anthology is *Poets for Life, 76 Poets Respond to AIDS*, ed. Michael Klein (Crown, 1989), which includes works by many of the most important contemporary American poets — e.g., Philip Booth, William Dickey, X.J. Kennedy, James Merrill, Adrienne Rich, and Jean Valentine. Naturally such poems are especially appropriate when students are studying lyric and elegaic works — e.g., poems by Milton, Shelley, and Tennyson on the death of a young man.

2. In poetry-writing classes, teachers may offer their students a useful example of ways experience becomes transformed into art by having them compare selections from *On Borrowed Time* by Paul Monette, a highly praised account of the death of his friend Roger Horwitz, with some of Monette's poems on this subject, published in *Love Alone: Eighteen Elegies for Rog* (St. Martin's, 1988).

3. The freshmen expository writing class can include at least one essay on AIDS. The new (i.e., 7th) edition of the *Norton Reader* (Arthur Eastman, general ed.), includes two: one by Stephen Jay Gould, "The Terrifying Normalcy of AIDS," and a second by Michael Stone, "Should Testing for the AIDS Virus Be Mandatory?" Other essays that can be recommended for assignment in an expository writing class will be found in *Daedalus*, the Spring and Summer 1989 issues, entitled "Living with AIDS" Parts I & II. Hunter faculty members especially liked "AIDS As Human Suffering" by Paul Farmer and Arthur Kleinman, which appeared in the Spring issue.

Dr. Pinciss recommended using the following common sense questions which should be kept in mind when choosing AIDS-related material, especially for freshman English:

1. Is it well written and well organized?
2. Does it avoid medical or technical jargon?
3. Does it emphasize the complexity of the problems raised by the disease — social, political, cultural, personal?
4. Does it demonstrate that the disease is not restricted to a narrow segment of the population but affects us all?
5. Does it avoid subject matter that is either embarrassing to discuss or that will make the teacher (often a graduate student with little experience) uncomfortable?
6. Does it generate an emotional as well as an intellectual response?
7. Is it interesting, thought-provoking, and academically valid?

Since at most institutions instructors have a great deal of freedom in selecting the works they will use in their classrooms and since all teachers are concerned with the health and lives of their students, Dr. Pinciss suggested that, as a rule, teachers will not be reluctant to incorporate AIDS-related material. He stated that the success rate will improve, of course, if we convey a sense of the urgency and of the importance of compliance, if we recommend appropriate selections, and if we offer these with tact and persuasion.

Presentation B: The Sciences and the Health Sciences

Twitty J. Styles, Professor of Biological Sciences at Union College, presented a technical discussion of the etiology of HIV intrusion. He stated that the immune system has two functional divisions: the innate immune system and the adaptive immune system. Innate immunity acts as the first line of defense against most infectious agents. It consists of a variety of cells distributed throughout the body. The most important cells are the white blood cells, including neutrophil polymorphs, monocytes, and macrophages. The adaptive immune system consists of B-lymphocytes, which proliferate and mature into antibody-producing cells, and the T-lymphocytes, which are involved in cell-mediated immune responses.

HIV attacks and destroys T-lymphocytes and thus inhibits the body's ability to produce antibodies and cell-mediated immune responses. HIV first attacks cells in the brain, lymph and thymus glands, bone marrow, macrophages, lung alveolar, skin, and lymph nodes. This infection then gives rise to secondary or opportunistic infections because of the body's weakened immune system. Four groups of opportunistic infections occur: protozoa, with the results being *Pneumocystis carinii, Toxoplasma gondii, Cryptosporidia;* fungi, with the diseases being *Candida albicans, Cryptococcus neoformans;* viruses resulting in *cytomeglaovirus, herpes simplex, herpes zoster, Epstein-Barr;* and cancer, specifically *Kaposi's sarcoma, cerebral lymphoma, non-Hodgkins' lymphoma,* and *lymphoreticular malignancy.*

Dr. Styles indicated the future direction for biomedical research to be in the areas of pharmocological therapy, which include anti-virals to interfere with continued HIV infections; treatment of opportunistic infections and cancers; vaccines; and public health education. He also stated that cooperation was increasing between scientists and health care professionals. Dr. Styles has helped to host an annual tri-city AIDS conference at Union College over the past three years. These conferences have led to the development of a course outline which can be used to educate science and liberal arts students about AIDS. The course outline and references are presented in Appendix C.

❖ ❖ ❖

Joseph Rukeyser, Associate Director of AIDS Education and Resource Center, State University of New York at Stony Brook, stated that the Center received funding to develop HIV education programs for professional staff of health agencies. With this funding, Center staff has taught approximately 14,000 health professionals in Nassau and Suffolk counties, a worthwhile investment since Long Island is ranked number one in the United States for HIV infection and AIDS in suburbia.

Prior to taking the instruction, health professionals responded to a survey from Stony Brook. Results showed 31 percent felt competent to work with AIDS patients, 23 percent felt competent to protect themselves while working with AIDS patients, and 40 percent did not feel competent and would avoid working with AIDS patients. After instruction, substantially more health professions responded positively: 74 percent felt more competent to work with AIDS patients, 92 percent felt more competent to protect themselves, and only 15 percent continued to feel incompetent and wanted to avoid AIDS patients.

The element that made this education program successful, according to Dr. Rukeyser, was the first step — the assessment of health professionals' feelings about working with AIDS- and HIV-infected people. As a result, health professionals who have completed the Stony Brook program have developed a peer education program they are using in the public schools on Long Island.

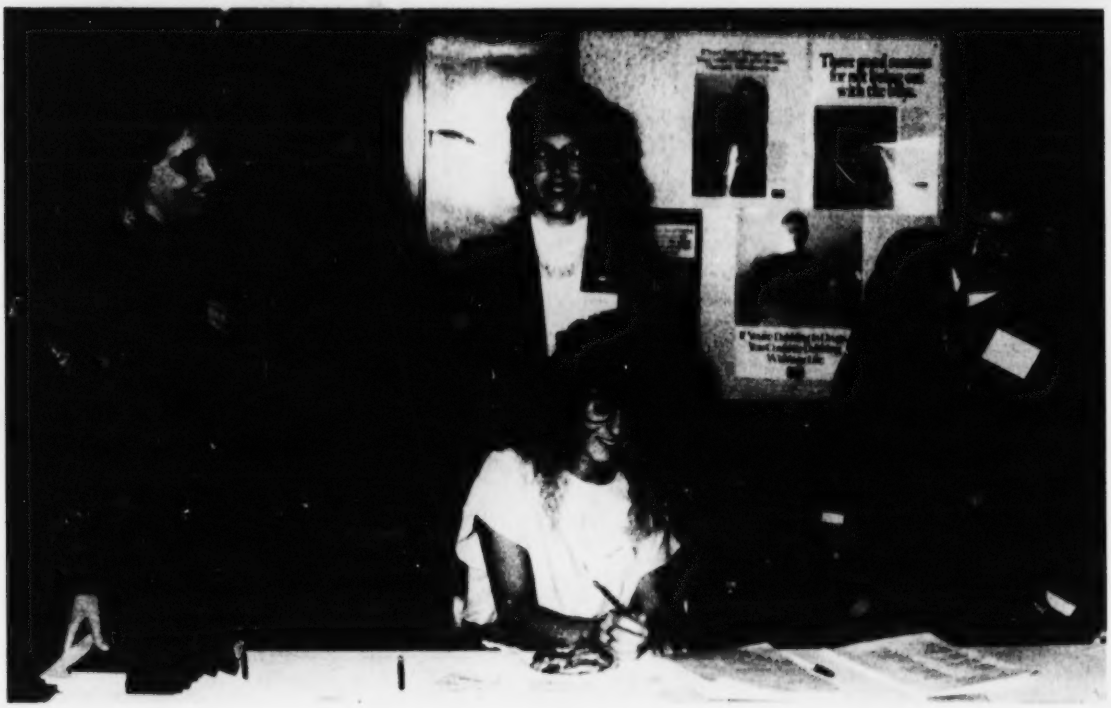
Dr. Rukeyser indicated that the experience gained from working with these health professionals enabled the Center to develop a modular approach to AIDS education. The components include a needs assessment, a psycho-social assessment, contact with community agencies, HIV information, suggested activities, and the establishment of an information resource center.

Resource Opportunities for AIDS Education

Gloria Cuccurullo, Assistant Director for HIV Prevention at the New York State AIDS Institute, presented information on the AIDS Institute and resources for AIDS education. She stated that the AIDS Institute is a division of the State Health Department and is unique in that it has a legislative mandate to coordinate the State's response to the AIDS epidemic. It is composed of two bureaus, the Bureau of Prevention and the Bureau of Health Care, which together involve over 300 positions across the State.

The Bureau of Health Care deals with the treatment and long-term care of those infected with the HIV virus. The Bureau of Prevention educates the community through media campaigns (posters, videos, brochures, etc.) aimed at specific populations, and programs offered through community-based organizations. Some of these organizations are AIDS-specific groups, but the Bureau also works with other groups, such as youth organizations, that wish to add HIV-related education to their regular programming.

From various surveys and reports, the Institute has determined there is widespread knowledge of the basic facts about AIDS and how it is contracted. The Institute, therefore, has chosen these as its current themes: changing behavior in response to the AIDS threat, and living with HIV infection.



In addition to providing community education, the Institute also works with the training of health and service providers who work with HIV infected and AIDS patients. An important goal for the future is to expand that training to include all counselors, trainers and providers, especially those who work with individuals engaging in high risk behaviors. The AIDS Institute recently issued a request for proposals to select organizations to become contract trainers for the AIDS Institute. There were 44 proposals submitted for consideration, including 11 from colleges and universities.

After presenting this background information on the AIDS Institute, Ms. Cuccurullo addressed the question of resources available for those interested in AIDS education, noting that State and Federal resources for HIV prevention and services are beginning to plateau. She urged the audience to be creative in integrating HIV education within other educational topics. Resources for AIDS education can be found in the many booklets, brochures, cards, posters, paycheck inserts, and flyers published and distributed free of charge by the State Department of Health. Most of these materials are available in both English and Spanish, and some are available in Creole. The Institute also provides videos which are available without charge to any organization in New York State; Ms. Cuccurullo distributed order forms for these.

Ms. Cuccurullo gave participants a list of possible sources of funding for AIDS/HIV research, prevention and/or education projects (see Appendix C). These sources include a list of organizations which fund major HIV-related projects and a list of foundations that provide funds for smaller projects.

APPENDIX A

Biology 260

AIDS — Biomedical and Social Consequence

Thomas Budd — St. Lawrence University

Acquired Immunodeficiency Syndrome is a biomedical entity that most of us have heard about in the news media, and rightly so. Most experts agree that we are witnessing the beginning of a major pandemic. But recent studies show that most people don't really understand AIDS and the impact it has had and will have on their lives. We question whether much of what we read or hear could possibly be true and end up with more questions than answers. What are the facts, and how does AIDS affect us personally and indirectly?

This course will be part seminar and part lecture in format. It will examine the historical and the current epidemiology of AIDS, the biology and evolution of the viruses that cause AIDS, the current areas of research, and the overall impact of the pandemic on local and global societies. A good working knowledge of biology is necessary to fully understand this topic. Utilization of library resources will also be learned since each student will research and write a literature review on some aspect of AIDS. Also, each student will develop a list of KEY POINTS about AIDS. Grading will be a result of occasional preannounced quizzes and the literature review. The sequence of topics includes:

1. Intro, videos, where we stand
2. Short course on the immune system
3. Pathogenesis, the viruses, the course of the disease
4. Origins of HIV
5. Epidemiology, transmission, international perspective
6. Vaccine development
7. Treatment and survival
8. Testing — blood and people
9. Education, behavior modification
10. Policy, ethics, discrimination
11. Legislative and legal issues
12. Economic effects
13. Presentation of literature review
14. Conclusions

Please be vocal and feel free to suggest other topics for discussion.

Additionally, there will be guest lectures throughout the semester when appropriate.

APPENDIX B

Teaching AIDS to Science Students

Twitty J. Styles
Department of Biological Sciences
Union College

EPIDEMIOLOGY

As of April 9, 1990, forty-six countries in the Americas had reported a total of 149,106 cases of acquired immunodeficiency syndrome (AIDS) cases. The United States had reported a total of 121,545 cases. The case count in Brazil was 9,535; the number had increased from 1,695 at the end of June 1987. Canada has reported a total of 3,509 cases. The following countries reported over 400 cases: Haiti (2,331), Mexico (3,427), Dominican Republic (1,200), Trinidad and Tobago (509), Bahamas (435), Colombia (589), and Venezuela (646). The Virgin Islands (British) and Virgin Islands (U.S.) have reported 1 and 28 cases respectively. Some countries do not know how many cases they have.

THE IMMUNE SYSTEM

- innate immune system
- biochemical defense
- physical defense
- adaptive system
- B-lymphocytes - Antibody
- T-lymphocytes - cell mediated immunity

ORIGIN OF CELLS OF THE IMMUNE SYSTEM

Cells of the immune system are pluripotent stem cells through two main lines of differentiation.

1. The lymphoid lineage — producing lymphocytes
2. The myeloid lineage — producing phagocytes (monocytes and neutrophils) and other cells.

STRUCTURE AND FUNCTION OF CELLS IN THE IMMUNE RESPONSE

1. Common Lymphoid Progenitor
   "B cells"
   "Plasma cells"
   "T-helper"
   "T-cytotoxic" / "T-suppressor"

2. Common Myeloid Progenitor
   Neutrophil
   Eosinophil
   Basophils/mast cell
   Monocyte/Macrophage
   Platelets
   Third Population Cells
   Antigen Presenting Cells

THE STRUCTURE OF THE AIDS VIRUS

Knobs — gp 120
gP 41

Core - gp 25/24
gP 17/18
enzyme — reverse transcriptase
RNA

THE UNRAVELING OF THE IMMUNE SYSTEM BY THE AIDS VIRUS

The binding of HIV to a molecule of CD 4 on the target cell

TISSUES IN THE BODY THAT CAN BE INFECTED WITH HIV

Brain	Macrophage
Lymph	Lung alveolar
Thymus gland	Skin
Bone marrow	Lymph nodes

OPPORTUNISTIC INFECTIONS IN AIDS

PROTOZOA	FUNGI
Pneumocystis carinii	*Candida albicans*
Toxoplasma gondii	*Cryptococcus neoformans*
Cryptosporidia	
VIRUS	CANCER
Cytomegalovirus	Kaposi's sarcoma
Herpes simplex	Cerebral lymphoma
Herpes zoster	Non-Hodgkin's lymphoma
Epstein-Barr	Lymphoreticular malignancy

THE HIV ANTIBODY TESTS

1. The ELISA test
2. The Western Blot method

FUTURE DIRECTION FOR BIOMEDICAL RESEARCH

I. Pharmocological Therapy
   a. Anti-virals to interfere with continued HIV infections
   b. Treatment of opportunistic infections and cancers

II. Vaccines

III. Public health education

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1. "The HIV Epidemic: Medical and Social Challenges," Paul A. Volbersing and J. Allen McCutchan, pp. 227-236.
2. "Characteristics of HIV Infection and Pathogenesis," Louise A. Evans and Jay A. Levy, pp. 237-254.
3. "HIV Infection and the Immune System," Quentin J. Sattentau, pp. 255-268.
4. "The Molecular Biology of the Human Immunideficiency Virus," Marie-Louise Hammarskjold and David Rekosh, pp. 269-280.
5. "The gp 120-CD4 Interace: Structural, Immunological, and Pathological Considerations," T. Kieber-Emmos, B.A. Jameson and W.J.W. Morrow, pp. 281-300.
6. "Strategies for Developing Vaccines against Acquired Immunodeficiency Syndrome," En. Min. and Robert C. Kennedy, pp. 301-313.

"The Science of AIDS," Readings from *Scientific American*, 1989. W.H. Freeman and Company.

"What Science Knows about AIDS," *Scientific American*, Vol. 259, #4. October 1988.

Update: Acquired Immunodeficiency Syndrome (AIDS) - Worldwide, Morbidity and Mortality Reports, Vol. 37, No. 18, May 1988, pp. 287-295.

Fan, Hung, R.F. Conner, and Luis P. Villarreal, *The Biology of AIDS*, Jones and Bartlett Publishers, Boston, 1989.

Farthing, S.E., R. Brown, C.D. Staughton, J.J. Cream and M. Muhlemann, *A Coulour Atlas of AIDS*, London, Wolfe Medical Publications LTD, Year Book Medical Publishers, 1986.

APPENDIX C

Organizations That Fund Major AIDS/HIV Research, Prevention, and/or Education

American Foundation for AIDS Research
Grants Department
5900 Wilshire Blvd.
Los Angeles, CA 90036

American Foundation for AIDS Research
Targeted Education/Prevention
Grants Program
1515 Broadway
Suite 3601
New York, NY 10036

Bureau of Health Professions
Health Resources & Services Administration
Parklawn Building, Room 8C-26
5600 Fishers Lane
Rockville, MD 20857

Bureau of Maternal & Child Health Development
HRSA—Health Resources & Services Administration
Parklawn Building, Room 11A-18
5600 Fishers Lane
Rockville, MD 20857

Candle Foundation
Administrator
1999 Bundy Drive
Los Angeles, CA 90025

CDC—Centers for Disease Control
Procurement and Grants Office
255 East Paces Ferry Road, N.E.
Atlanta, GA 30305

General Mills Foundation
Vice President & Executive Director
P.O. Box 1113
Minneapolis, MN 55440

National Institute of Mental Health
ADAMA—Alcohol, Drug Abuse &
Mental Health Administration
Rockville, MD 20857

New York State Department of Health
AIDS Institute
Corning Tower, Room 359
Empire State Plaza
Albany, NY 12237

New York State Department of Social Services
Office of Human Resource Development
40 North Pearl St.
Albany, NY 12243

NIH—National Institutes of Health
Office of Grants Inquiries
Division of Research Grants
Westwood Building, Room 240
Bethesda, MD 20892

Office of AIDS Research
NIH AIDS Research Loan
Repayment Program
Building 1, Room 201
900 Rockville Pike
Bethesda, MD 20892

Robert Wood Johnson Foundation
P.O. Box 2316
Princeton, NJ 08543

To receive information on all
State Agency competitive solicitations:
Contract Reporter
120 DeFreest Dr.
Troy, NY 12180

Foundations That Fund AIDS-related Activities

Aaron Diamond Foundation
1270 Avenue of the Americas
Suite 2624
New York, NY 10020

Altamn Foundation
220 East 42nd St.
Suite 411
New York, NY 10017

The Ambrose Monell Foundation
c/o Fulton, Duncombe & Rowe
30 Rockefeller Plaza, Rm 3217
New York, NY 10112

American Express Foundation
American Express Tower
World Financial Center
New York, NY 10285-4710

Booth Ferris Foundation
30 Broad St.
New York, NY

Clark Foundation
250 Park Ave.
Room 90
New York, NY 10017

The Cowles Charitable Trust
630 Fifth Ave., Suite 1612
New York, NY 10111-0144

Dana Foundation
150 East 52nd St.
23rd Floor
New York, NY 10022

Emerson Foundation, Inc.
63 Genesee St.
P.O. Box 276
Auburn, NY 13021

The Equitable Foundation, Inc.
787 Seventh Ave., 7th Floor
New York, NY 10019

Fund for the City of New York, Inc.
121 Avenue of the Americas
New York, NY 10013

The Hunt Alternatives Fund
1255 Fifth Ave.
New York, NY 10029

Joseph Alexander Foundation
400 Madison Ave.
Suite 906
New York, NY 10017

The Louise Calder Foundation
230 Park Ave., Rm. 1530
New York, NY 10169

Metropolitan Life Foundation
One Madison Ave.
New York, NY 10010-3690

MONY Financial Services Foundation
1740 Broadway, MD 4-6
New York, NY 10019

New York Life Foundation
51 Madison Ave.
New York, NY 10010

Revson Foundation
444 Madison Ave.
New York, NY 10022

Rockefeller Brothers Fund
1290 Avenue of the Americas
New York, NY 10104

Rockefeller Foundation
1133 Avenue of the Americas
New York, NY 10036

The Western New York Foundation
Main Seneca Bldg., Suite 1402
237 Main St.
Buffalo, NY 14203

APPENDIX D

The University of the State of New York
New York State Education Department
Office of Higher and Continuing Education

FACING THE AIDS CRISIS - POSTSECONDARY CONCERNS

Tuesday
April 17, 1990

Empire State Plaza
Meeting Room 6

CONFERENCE EVALUATION SHEET

Please assist us in evaluating the conference by indicating your responses and comments below.

1. Rate each session/address by circling your response. (Sequence follows order of agenda).

Scale: 4 - Excellent 3 - Good 2 - Fair 1 - Unsatisfactory 0 - Did not attend

	Scale (Circle your response)				
a. Keynote Address: The Challenge of the Four Horsemen on Campus: Alcohol, Drugs, Sex, and AIDS	4	3	2	1	0
b. The Basics of AIDS	4	3	2	1	0
c. HIV Testing and Counseling for College Personnel and Students .	4	3	2	1	0
d. The Face of AIDS	4	3	2	1	0
e. Developing an AIDS Policy on Campus - Panel	4	3	2	1	0
f. Luncheon Drama: Faces - A Living Newspaper about AIDS . . .	4	3	2	1	0
g. The Statewide AIDS Education Project for College Students . . .	4	3	2	1	0
h. Teaching AIDS Throughout the College Curriculum					
1. Presentation A - Teacher Education and the Humanities	4	3	2	1	0
2. Presentation B - The Sciences and the Health Professions . . .	4	3	2	1	0
i. Resource Opportunities for AIDS Education	4	3	2	1	0
j. Video Tapes	4	3	2	1	0

2. Overall, did the topics and sessions meet your needs and interest? (Circle your response).

Yes, all (4) Most (3) Some (2) None (1)

(OVER)

3. What specific topics or sessions did you find most useful?

_____

_____

_____

4. Which specific topics or sessions were least useful?

_____

_____

_____

5. What topics, if any, do you feel should have been addressed at the conference, but were not?

_____

_____

_____

6. Do you have any comments or suggestions on how the conference might have been improved?

_____

_____

_____

Thank you for attending the conference and taking time to complete this form. Please leave the evaluation form in the designated box before you leave.

If you were unable to complete the form at the conference, please complete and return to:

STATE EDUCATION DEPARTMENT
Postsecondary Policy Analysis
Bureau of Postsecondary Statistical Services
Room 5B 44 CEC
Albany, New York 12230

APPENDIX E

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of Higher and Continuing Education

FACING THE AIDS CRISIS - POSTSECONDARY CONCERNS CONFERENCE EVALUATION SUMMARY

Summary Question 1 - ratings of each session/address: (N = 52)

Scale: 4 - Excellent 3 - Good 2 - Fair 1 - Unsatisfactory 0 - Did not attend

Session/Address	No. or %	Number of Responses Scale 4	3	2	1	0	No Response
a. Keynote Address: The Challenge of the Four Horsemen on Campus: Alcohol, Drugs, Sex, and AIDS	N	27	13	4	--	6	2
	%	51.9	25.0	7.7	--	11.5	3.9
b. The Basics of AIDS	N	5	18	17	11	1	--
	%	9.6	34.6	32.7	21.2	1.9	--
c. HIV Testing and Counseling for College Personnel and Students	N	12	27	11	1	--	1
	%	23.1	51.9	21.2	1.9	--	1.9
d. The Face of AIDS	N	11	22	15	3	1	--
	%	21.1	42.3	28.9	5.8	1.9	--
e. Developing an AIDS Policy on Campus - Panel	N	24	21	4	--	2	1
	%	46.2	40.4	7.7	--	3.8	1.9
f. Luncheon Drama: Faces - A Living Newspaper about AIDS	N	31	11	2	--	6	2
	%	59.7	21.1	3.8	--	11.6	3.8
g. The Statewide AIDS Education Project for College Students	N	10	16	6	1	16	3
	%	19.1	30.8	11.6	1.9	30.8	5.8
h. Teaching AIDS Throughout the College Curriculum							
1. Presentation A - Teacher Education and the Humanities	N	12	6	1	1	32	--
	%	23.1	11.6	1.9	1.9	61.5	--
2. Presentation B - The Sciences and the Health Professions	N	5	7	3	1	35	1
	%	9.6	13.5	5.8	1.9	67.3	1.9
i. Resource Opportunities for AIDS Education	N	6	9	1	--	22	14
	%	11.6	17.3	1.9	--	42.3	26.9
j. Video Tapes	N	5	5	1	--	41	--
	%	9.6	9.6	1.9	--	78.9	--

Summary of Question 2 - Overall, did the topics and sessions meet your needs and interests?

Scale	Number of Responses	Percent
Yes, all	9	17.3 %
Most	27	51.9
Some	9	17.3
None	0	- -
No response	7	13.5
TOTAL	52	100.0 %

Summary of Questions 3 and 4 - Which topics or sessions did you find most useful/least useful?

Session/Address	Number of Responses			
	Sessions Most Useful		Sessions Least Useful	
	No.	%	No.	%
a. Keynote Address: The Challenge of the Four Horsemen on Campus: Alcohol, Drugs, Sex, and AIDS	3	5.5	2	7.1
b. The Basics of AIDS	- -	- -	17	60.7
c. HIV Testing and Counseling for College Personnel and Students	5	9.3	1	3.6
d. The Face of AIDS	4	7.4	3	10.7
e. Developing an AIDS Policy on Campus - Panel	19	35.2	- -	- -
f. Luncheon Drama: Faces - A Living Newspaper about AIDS	5	9.3	- -	- -
g. The Statewide AIDS Education Project for College Students	2	3.7	1	3.6
h. Teaching Aids Throughout the College Curriculum	11	20.4	4	14.3
i. Resource Opportunities for AIDS Education	3	5.5	- -	- -
j. Video Tapes	2	3.7	- -	- -
Total Responses	54	100.0	28	100.0

Note: Some evaluations listed more than one session in the "most useful" and "least useful" categories. Interestingly, the "most useful" category had many more multiple responses than the "least useful" category.

Summary of Question 5 - What topics , if any, do you feel should have been addressed at the conference, but were not?

The comments could be summarized into the following six major categories:
(The topics are listed in order based on the number of comments received, "a" representing the most comments and "f" the fewest.)

a. More depth on institutional policy
b. Panel/discussions on the student perspective
c. AIDS and special interest groups
d. More depth concerning legal issues
e. Specifics of risk reduction
f. Living with AIDS

a. More depth on institutional policy

Many of the comments were basically suggesting an extension of the panel session, Developing an AIDS Policy on Campus. In addition to allowing more time for such a panel, the following additional topic and format suggestions were made:

1. More information on the institutional obligations for policy and education.
2. More information/discussions on the interplay between administration and health services in terms of AIDS policy and testing.
3. More discussion on how to deal with negative attitudes of college personnel.
4. Separate concurrent sessions provided based on sector, urban/rural setting, and type of institution, such as community colleges.

b. Panel/discussions on the student perspective

The predominant theme of comments pertaining to the student perspective was that a student speaker or panel of students should have been included in the program to express:

1. The student point of view relating to attitudes on campus.
2. Insight into what is effective.
3. What out of class faculty/student interaction is helpful in disseminating information.
4. What methods are effective in attracting students to discussions and presentations.

c. AIDS and special interest groups

Some people indicated that topics which relate to the multicultural diversity in relation to AIDS education should be included in an AIDS/HIV infection conference. The conference should include the on-campus needs of AIDS and minority communities, women, and homosexuals.

Summary of Question 5 (continued)

d. More depth concerning legal issues

Some comments expressed a desire for more depth in areas pertaining to the legal aspects of AIDS and HIV infection, such as legal and ethical issues concerning admissions, testing, health science students, and clinical agreements.

e. Specifics of risk reduction

A few evaluations indicated that the conference should have included more information on the specifics of risk reduction - - needle use; interaction of drug, alcohol, and sex; and "safe" sexual behavior.

f. Living with AIDS

Two conference participants expressed the opinion that living with AIDS, aspects of AIDS realization, and how to spend remaining time are topics which should have been included in the conference.

Summary of Question 6 - Do you have any comments or suggestions on how the conference might be improved?

The comments and suggestions expressed could be classified into three basic groupings:

a. Time
b. Speakers/content
c. Logistics

a. Time

The comments indicated that the conference was a very full day and that areas which might have been improved if more time could have been allotted were interaction, information sharing, discussions, and viewing videos. Comments varied from "more could not be done in the relatively short period of time" to "information overload - - too much for one day." A few participants suggested that the conference could have been improved if it had been expanded to a 1 1/2 to 2- day conference.

b. Speakers/content

The comments pertaining to speakers and content were observations by individual participants, but points worth noting. Below is a list of these comments:

1. Less emphasis on theory - - more on what can be done from a practical standpoint.
2. Speakers should have been encouraged to develop use of professional AV graphics.
3. College students should be included.
4. The Director of the AIDS Council of NENY would be an excellent choice as a knowledgeable speaker for the Basics of AIDS.
5. Moderators should remind speakers to use the microphone properly.
6. Speakers should repeat questions raised by individuals.
7. The conference should not be focusing State-wide on such basic material.
8. Prepared handouts on the structure of the virus and T-cells would have been beneficial.

Summary of Question 6 (continued)

c. Logistics

As with the comments on speakers and content, the comments concerning logistics were basically individual comments. Below is a list of these comments:

1. A map should be provided when final materials are sent to participants, including directions for parking and a phone number for assistance.
2. The conference started too early for those whose finances did not allow for an overnight stay.
3. The afternoon schedule did not allow for participants traveling on the 4 o'clock train to New York City.
4. Limit photographing of speakers - - constant picture taking was intrusive.
5. Lunch did not offer an alternative for vegetarians.
6. The chairs were uncomfortable.

APPENDIX F

The University of the State of New York
The New York State Education Department
Office of Higher and Continuing Education
Albany, New York 12230

Survey of HIV Infection and AIDS Activities on Campus

As you are aware, AIDS has a potentially dramatic effect on the college community. The State Education Department is interested in learning of any measures your institution has taken to develop an awareness of AIDS, and to work toward its prevention. We would appreciate your responding to the questions listed below. If possible, please complete the survey at the conference and deposit it in the designated box before you leave. If you are unable to complete the survey before leaving the conference, please assist us by taking time to complete the survey and mailing it to us in the attached envelope.

Institution Name:	
Person Completing Survey: Name:	
Title:	Phone Number: Area Code Number Extension

	Yes (1)	No (2)
1. Does your institution have an HIV infection and AIDS policy?	☐	☐
2. Does your institution have a formal HIV infection and AIDS program which is designed to educate any of the following groups:		
a. Students	☐	☐
b. Faculty	☐	☐
c. Administrators	☐	☐
d. Health professionals	☐	☐
e. Clerical staff	☐	☐
f. Maintenance staff	☐	☐

3. Does your institution offer HIV testing or HIV counseling to any of the following groups?

	HIV Testing		HIV Counseling	
	Yes	No	Yes	No
a. Students	☐ (1)	☐ (2)	☐ (1)	☐ (2)
b. Faculty	☐ (1)	☐ (2)	☐ (1)	☐ (2)
c. Administrators	☐ (1)	☐ (2)	☐ (1)	☐ (2)
d. Health professionals	☐ (1)	☐ (2)	☐ (1)	☐ (2)
e. Clerical staff	☐ (1)	☐ (2)	☐ (1)	☐ (2)
f. Maintenance staff	☐ (1)	☐ (2)	☐ (1)	☐ (2)

4. Does your institution hold special seminars and/or other activities for HIV infection and AIDS education and prevention, such as the following:

	Yes (1)	No (2)
a. AIDS week	☐	☐
b. Student orientation	☐	☐
c. Faculty orientation	☐	☐
d. Dances	☐	☐
e. Speakers	☐	☐
f. Colloquiums	☐	☐
g. Fund drives	☐	☐
h. Other (please specify)	☐	☐

_____

_____

5. Does your institution include HIV infection and AIDS content in the academic curriculum of any of the following subject areas?

	Yes (1)	No (2)
a. Health sciences	☐	☐
b. Teacher education	☐	☐
c. Sciences	☐	☐
d. Humanities	☐	☐

6. Does your institution reach out to the continuing education students by providing these students information about HIV infection and AIDS prevention through any of the following:

	Yes (1)	No (2)
a. Brochures	☐	☐
b. In-class presentations	☐	☐
c. Mailings	☐	☐
d. Speakers	☐	☐
e. Colloquiums	☐	☐
f. Other (please specify)	☐	☐

_____

_____

7. Does your institution make referrals to other agencies for persons who have AIDS? . . . . . ☐ Yes (1) ☐ No (2)

8. Does your on-campus health services organization offer risk assessment related to HIV infection and AIDS for the college community? . . . . . ☐ Yes (1) ☐ No (2)

9. Do you feel your local community has adequate resources, such as HIV testing and counseling, in dealing with HIV infection and AIDS issues? . . ☐ Yes (1) ☐ No (2)

If no, what is needed in the local community to make the resources adequate?

_____

_____

_____

Thank you for taking the time to complete this form. Please leave the form in the designated box before you leave. If you were unable to complete the form at the conference, please complete and return in the attached envelope or to:

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APPENDIX G

Summary of the Survey of HIV Infection and AIDS Activities on Campus

The Survey of HIV Infection and AIDS Activities on Campus was distributed to all participants at the *Facing the AIDS Crisis - Postsecondary Concerns* conference held April 17, 1990, at the Empire State Plaza. Sixty-nine postsecondary degree-granting institutions were represented at the conference.

In addition to those participating in the conference, institutional representatives scheduled to attend, but who were unable to do so, received a packet of conference materials, including the survey. Responses from these nonparticipants are also included in the summary below.

The chart summarizes the survey response rates by sector. In interpreting the results, it should be noted that the sample is not random and is heavily weighted toward the public sector. However, the findings may be useful in providing some perspective on the activities currently taking place on the college and university campuses in New York State and on areas for future development.

Item	Sector of Institution				
	SUNY	CUNY	Independent	Proprietary	TOTAL
Total Number of Institutions	64	19	138	27	248
Institutions Represented at Conference					
Number	33	9	26	1	69
Percent of Total	51.6%	47.4%	18.8%	3.7%	27.8%
Additional Institutions Receiving Survey (nonparticipants)	10	1	15	--	26
Total Number of Institutions Receiving the Survey	43	10	41	1	95
Total Number of Institutions Responding	25	6	20	1	52
Responses as Percent of Institutions Receiving Survey	58.1%	60.0%	48.8%	100.0%	54.7%
Responses as Percent of Total Number of Institutions	39.1%	31.6%	14.5%	3.7%	21.0%

Survey Questions

Question 1: Does your institution have an HIV infection and AIDS policy?

Response:
Yes - 35
No - 15
No response - 2

Question 2: Does your institution have a formal HIV infection and AIDS program which is designed to educate any of the following groups?

Response:

Group	Yes	No	No Response	Not Applicable
Students	35	17	--	--
Faculty	24	28	--	--
Administrators	19	32	1	--
Health professionals	21	26	1	4
Clerical staff	13	37	2	--
Maintenance staff	13	38	1	--

Question 3: Does your institution offer HIV testing or HIV counseling to any of the following groups?

Response:

Group	HIV Testing		HIV Counseling			Not Applicable
	Yes	No	Yes	No	No Response	
Students	10	42	30	20	2	--
Faculty	5	47	18	32	2	--
Administrators	5	47	18	32	2	--
Health professionals	5	43	14	31	3	4
Clerical staff	5	47	18	32	2	--
Maintenance staff	5	47	18	32	2	--

Question 4: Does your institution hold special seminars and/or other activities for HIV infection and AIDS education and prevention, such as the following?

Response:

Activity	Yes	No	No Response
AIDS week	32	20	--
Student orientation	30	22	--
Faculty orientation	9	43	--
Dances	3	49	--
Speakers	44	8	--
Colloquiums	21	30	1
Fund drives	8	43	1

Space was provided for reporting "other" activities for HIV infection and AIDS education and prevention. The list below summarizes the additional activity/resources responses on the survey:

1. Films, videos, literature, and displays
2. Small group discussions, seminars, and programs in residence halls
3. Peer education programs
4. Community based conferences and off-campus resources (such as local Health Department, American Red Cross, etc.) geared to students
5. Special courses (such as Human Sexuality, A Biomedical View of AIDS, and an interdisciplinary AIDS class)
6. Classroom presentations
7. Health Fairs/a booth during National Condom Week
8. Support groups

Question 5: Does your institution include HIV infection and AIDS content in the academic curriculum of any of the following subject areas?

Response:

Subject Area	Yes	No	No Response	Not Applicable
Health sciences	40	12	--	--
Teacher education	12	19	5	16
Sciences	32	18	2	--
Humanities	20	28	3	1

Question 6: Does your institution reach out to the continuing education students by providing these students information about HIV infection and AIDS prevention through any of the following?

Response:

Method	Yes	No	No Response	Not Applicable
Brochures	36	15	--	1
In-class presentations	22	29	--	1
Mailings	5	45	1	1
Speakers	28	23	--	1
Colloquiums	12	38	1	1

The "other" responses basically described access to campus resources, such as:

1. Films, videos, displays, and literature
2. Courses and classroom presentations
3. Off-campus resources geared to students
4. Health Fairs, AIDS Awareness Week, and Condom Workshops

Question 7: Does your institution make referrals to other agencies for persons who have AIDS?

Response:
Yes - 42
No - 6
No response - 3
Not applicable - 1

Question 8: Does your on-campus health services organization offer risk assessment related to HIV infection and AIDS for the college community?

Response:
Yes - 23
No - 22
No response - 2
Not applicable - 5

Question 9: Do you feel your local community has adequate resources, such as HIV testing and counseling, in dealing with HIV infection and AIDS issues?

Response: Yes - 29 No - 23

Comments concerning the need for local community resources

When interpreting the results of this question, the broad range of respondents should be considered. Knowledge of HIV infection and AIDS, personal involvement in the AIDS crisis, professional position in the college or university, and location of the institution represented, as well as many other factors affect the perspective of those reponding to this question. With these factors in mind and with the limitations of the sample, the reader should exercise caution in interpreting the summary comments presented below. However, the responses to this question provide valuable comments on the perceived needs and responsibilities of the local community.

Respondents' comments have been summarized into the following topical categories:

1. Money, speakers, educators, training
2. Informational needs (resources available)
3. Rural area concerns
4. Urban area concerns

1. Money, speakers, educators, training

The comments identified a need for funding to provide some or more testing, counseling and support services, AIDS education in schools and community, task forces, drug programs, and resource persons to train faculty and staff.

2. Informational needs

Some respondents expressed a need for a source of HIV infection and AIDS information and services in the local community. Specifically, there is a need for community resources which would provide ideas to promote increased awareness, and specific information as to what doctors or agencies provide information and services.

3. Rural area concerns

A few comments from representatives of rural area institutions indicated a lack of services or, at least, a lack of knowledge of services existing in their local community. It was suggested that rural areas are ignored both economically and programmatically. They would look to the local community to provide an increased awareness of HIV infection and AIDS, more publicity on the information and resources which are available, and more local testing and counseling. It was also suggested by one respondent that perhaps it would be appropriate for the college to have a role in providing information to the local community as well as to the students.

4. Urban area concerns

The comments from those at institutions located in urban areas differed significantly from those in rural areas. Their comments did not indicate a lack of information or services, but rather services that are inadequate to the number of HIV positive individuals in the local area. They expressed a need for more extensive critical care, living facilities, support, and mental health services for HIV positive individuals.

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APPENDIX I

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APPENDIX J

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Statewide Invitational Conference
April 17, 1990
Facing the AIDS Crisis - Postsecondary Concerns

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APPENDIX K

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Statewide Invitational Conference
April 17, 1990
Facing the AIDS Crisis - Postsecondary Concerns

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